PLEASE TYPE OR PRINT

☐ Ms. ☑ Mr. Artist	Robe	erT	J.	Cv	vio	K
				(L	ast Name	Last)
Permanent Address	1949	EA	ST	116#		Cleve
	Street				City	
44106	Tel	.1216	721	-55	537	
Zip	Are	a Code				
Temporary Address	1949	EAST	116#	ST. C	Cleve	2_
	Street				City	
44106	Tel	.1216	721	-55	37	
Zip	Are	a Code				
Permanent ad				1	hogo	<u>u_</u>
Born in Cuyahoga County 🔲 Yes 🔯 No						
Collaborator .	(If Any)	<u>e</u>				
If entries are not accepted or not sold: Artist will pick up entries at Museum. Museum should dispose of entries. Museum should ship entries to artist C.O.D. at this address:						

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Robert Turion

CATEGORY 1. Paintings 2. Graphics 3. Photography ENTRY ONE 4. Sculpture 5. Electric 6. Crafts							
Medium or Materials CHECK, ZEROX, PAPER Dag, Receipts,							
Title LEFT-OVERS							
Price or NFS		Insurance Va If NFS Only	lue	size 22½"×28½"			
		GRAPHICS	AND PHOTOGR	APHY ONLY			
Additional No. For Sale		etal No. Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale		
DO NOT	WE	RITE IN THIS	SECTION	ACCEPTED	REJECTED		
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			s ☑2. Graph e □5. Electr	nics \square 3. Pho	tography		
ENTRY TWO		4. Sculptur	e 5. Electr	nics 3. Pho	tography fts		
ENTRY TWO	erial S,	34. Sculptur RECE	e D5. Electr	nics 3. Pho	tography fts		
Medium or Mate Check And Re	erial S,	SRECE	e D5. Electr	nics 3. Pho ic 6. Crat	tography fts		
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1973 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	Robert J. Cwiok
Address	1949 EAST 116# STREET
City & State	cleveland Ohio zip 44106

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

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	cs 3. Phot				
Medium or Materials CHECK, ZEROX PAPER bag, RECE	ipts				
Title LEFT-OVERS					
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED			
Notification of Acceptance or Rejection Robert J. Cwick Type or print name of artist This is your only receipt to claim your This notification will be mailed to you follow the second of the seco	ion ur object(s). owing judging.	DO NOT DETACH			
CATEGORY 1. Paintings 2. Grapt ENTRY TWO 4. Sculpture 5. Electri		1			
Medium or Materials CHECKS, RECEIPTS, dep And REORDER Slips	vosit sl	ips			
Title 6/2/410 (OZ NOT ENOUGh)					
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED			
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